

# EXPRESSION OF INTEREST FORM

## Kindergarten/Preschool

Please complete this form and return to the Office. Please be sure to provide your email address, and opt in to receiving our electronic messages containing school news and information, using the checkbox below.

### PARENT (GUARDIAN) INFORMATION

PARENT (GUARDIAN'S) NAME			GENDER	
ADDRESS			POSTAL CODE	
HOME PHONE	CELLULAR PHONE	FAX	E-MAIL ADDRESS	
OCCUPATION	BUSINESS/COMPANY NAME		BUSINESS PHONE	

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### CHILDREN TO BE WAITLISTED

LAST NAME	FIRST NAME	DATE OF BIRTH (DD/MM/YY)	GENDER
LAST NAME	FIRST NAME	DATE OF BIRTH (DD/MM/YY)	GENDER
LAST NAME	FIRST NAME	DATE OF BIRTH (DD/MM/YY)	GENDER
WHERE DID YOU HEAR ABOUT SELKIRK MONTESSORI SCHOOL?			
<input type="checkbox"/> WEBSITE <input type="checkbox"/> ISLAND PARENT <input type="checkbox"/> YELLOW PAGES <input type="checkbox"/> RELATIVES/FRIENDS <input type="checkbox"/> MY MONTESSORI PRESCHOOL (name) _____			

### CHECKLIST AND SIGNATURE(S) / INITIAL(S)

I WOULD LIKE MY CHILD (REN) TO BE ON THE WAITLIST FOR:

Preschool (3-4 yr. olds) **FULL DAY** (8:50 am – 3:00 pm)

Kindergarten (5 yr. olds) **FULL DAY** (8:50 a.m.-3:00 pm)

I HAVE INCLUDED A COPY OF RELEVANT DOCUMENTS: ANY MEDICAL INFORMATION (VISION OR HEARING ASSESSMENTS, OT/PT, SLP, VICAN, VB-MAPP, ETC.), ANY EDUCATIONAL ASSESSMENTS (PSYCHOEDUCATIONAL TESTING ETC.). THIS WILL ENSURE THE MOST BENEFICIAL PLACEMENT FOR YOUR CHILD.

I WILL SET UP A TOUR OF YOUR FACILITY. (initials)

I HAVE TAKEN A TOUR OF YOUR FACILITY (initials)

I CONSENT TO PACIFIC MONTESSORI SOCIETY USING MY EMAIL ADDRESS(ES) TO SEND ME SCHOOL NEWS AND EVENTS INFORMATION, INCLUDING FUNDRAISING INFORMATION, AND UNDERSTAND THAT I MAY OPT OUT AT ANY TIME BY EMAILING THE SCHOOL AT THE ADDRESS BELOW. (initials)

I GIVE CONSENT FOR SELKIRK TO ACCESS RECORDS FROM OUR FORMER SCHOOL. (initials)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

#### OFFICE USE ONLY

DATE REC'D: \_\_\_\_\_ EMAIL POSTED: \_\_\_\_\_